

ART. IV.—ON THE HYPODERMIC ADMINISTRATION
OF ERGOTINE IN CERTAIN CASES OF
ACUTE MANIA.

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IT is with diffidence that I call the attention of this honorable assemblage for a short time, to one of the most difficult problems in the treatment of insanity, namely, the therapeutic management of mania, and especially those cases that may be designated acute delirium, the better to distinguish them from other forms, although by this name only a rather comprehensive conception is indicated. The cases which I to-day aim to describe, are those which, after a short period of incubation of a few weeks, during which the most striking symptoms are only a certain degree of restlessness and emotional disturbance, explode, so to speak, in a sudden attack of mania. The physical symptoms then observed, besides some general increase of bodily temperature, are principally those of congestion of the head; reddening of the visage, strengthening of the pulse in the carotids, injection of the conjunctivæ and contracted pupils, indicating hyperæmia of the cerebral vessels and membranes.

It is evident that this kind of insanity forms a special group, within that of acute mania, and passes into others whose causes must be sought in other pathological conditions, but in this paper we shall limit ourselves to that form first named. Which one of us has not felt more than usually desirous in the presence of such painful accidents, to afford a radical help against such a dangerous condition, both for the patient and his surroundings.

No one will gainsay the absolute necessity, in such cases, of isolation in an asylum; and from this fact, the need of direct

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5th day. The severity of the symptoms has decreased; remissions appear. Pulse 108; temperature still high. The hypodermic use of ergotine was twice repeated, and from time to time ice fomentations were employed. Then followed three days of mental rest, the symptoms of cerebral congestion all having disappeared. The patient walks quietly in the garden during the day.

On the ninth day, the attack again came on, and the same treatment with the hypodermic use of ergotine was employed. Four days later the attack had completely disappeared, and he has remained perfectly well to this day.

In the whole fourteen days, fifteen injections of ergotine were administered. It was the only case in our practice in which small abscesses formed at the point of injection, though these caused but little inconvenience. They need not be considered as a counter-indication in such a terrible form of disease. In our other cases the local effects were either that the ergotine was quickly absorbed, or circumscribed swelling appeared, which slowly diminished and was slightly painful on pressure. We noticed no other painful or disagreeable consequences of ergotine injection.

In conclusion, I may notice the possible objection, that in our cases the cure can not be ascribed alone to the ergotine, since ice was simultaneously employed. I reply to this: 1st, that before in similar cases, the ice poultice was ineffectual; and 2d, that if ergotine alone had been used, it would not have been justifiable, on purely empirical grounds, to attribute the cure solely to it. We need still further experiments with this agent, where possible, aided by the thermometer and sphygmograph. The subject, as far as I know, is still new, and has been investigated by no one. Whether under such circumstances, much importance can be attributed to sphygmographic observations, must be doubted. The obstinate resistance of the patients did not permit us to make any sufficiently accurate thermometric readings. That this is frequently impossible in such cases, is proved among others by the recent work, "*Sections Ergebnisse bei Geisteskranken nebst Krankheitsgeschichten und Epicrisen*," of Schuele, physician at Illenau, 1873.